**EAST STROUDSBURG AREA SENIOR HIGH SCHOOL - NORTH**
**Internal Suspension Contract**

**Student's Name:** _____

I have been assigned the following date(s) to serve internal suspension: _____

On the day(s) of my internal suspension assignment, I must report directly to the internal suspension room. Attendance will be taken.

I understand that I MUST gather assignments from all my teachers BEFORE reporting to internal suspension and to complete all the assignments given or sent to me while serving the suspension. **Failure** to obtain and complete assignments will result in one (1) detention for each incomplete assignment up to three (3) and one (1) additional day of internal suspension for more than three (3) incomplete assignments.

**Failure** to follow the rules set forth in the internal suspension room may result in additional days of internal and/or out of school suspension.

**Failure to report to internal suspension will result in additional day(s) or internal suspension and/or external suspension. If I am absent on the day of my assigned Internal Suspension, I must report upon my return.**

My signature below indicates that the above rules have been explained to me and I am in agreement with them.

_____ _____
Student Signature Date

| Period | Teacher | Assignment | Complete |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |